

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF SCHOOL IMPROVEMENT, ATTN: DONNA CASH P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

Teaching & Learning Institute SCHOLARSHIP APPLICATION & BUDGET PROPOSAL

APPLICATION DEADLINE February 15

SECTION I REVIEW AND APPROVAL (DEPARTMENT USE ONLY)					APPLICATION DEADLINE FEBRUARY 13			
DATE AF	PPROVED	PROJECT NUMBER	•	APPROVE	ED\$	AUTHORIZED SIGNATURE		
SECTION	N II PROJECT INFORMATIC	ON (TO BE COMPLETED BY A	PPLICANT)					
NAME O	F SCHOOL DISTRICT				COUN	TY-DISTRICT CODE		
NAME O	F BUILDING			BUILDING CODE				
CONTAC	CT PERSON		TELEPHONE NUM SCHOOL: FAX: HOME:	BERS				
	CT PERSON ADDRESS							
This sch Learning and at le associat	nolarship is to assist a school g Institute: "10 th Anniversa east one team member mu ted with substitute/stipend	ool building to send a team of ary Celebration." A building ust be an administrator. The pay, lodging, meals, materia aid from scholarship funds	must send at least building will receiv als, and transportat	three educ e up to \$70	ators to	qualify for the scholarship,		
are green		Name		Title				
		keep records to verify expend						
Departm	nent by July 14"'. In addition	on, building staff will submit	a one-page implem	nentation p	lan repo	ort.		
Submit	t this original two-page	e application with one c	opy to the addre	ss listed	above	by February 15, 2006.		
SECTIO	ON III AUTHORIZATION	N						
						DATE		
SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE						DATE		

SUBMIT ORIGINAL AND ONE COPY

MO 500 2140 (01/06)

Page 1 of 2

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquires related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-751-4212.



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		LY)						
ROVED	PROJECT NUMBER		APPROVED \$		AUTHORIZED SIGNATURE			
I PROJECT INFORMA	TION (TO BE COMPLETED BY	APPLICANT)						
SCHOOL DISTRICT				COUNT	TY-DISTRICT CO	DE		
NAME OF BUILDING BUIL						LDING CODE		
PERSON		TELEPHONE NUM SCHOOL: FAX: HOME:	BERS					
ation, but you should	I keep information on file for a Number of people attend	nuditing purposes.	3		·	s or		
	BUDGET	GET			TOTALS			
Substitutes	substitutes x \$	/day x	days	3				
Stipend	educators x \$	/day x	_ days					
Hotel _	rooms x \$	_/night x	_ nights					
Meals	educators x \$	/ meal x	_ nights	i				
Materials _	materials x	/person						
Travel	miles x/m	ile x nun	nber veh	icles				
		TOTAL EXPE	NDITU	RES				
	PERSON PERSON DRESS **Maximum of Substitutes Stipend Hotel Meals Materials	PROJECT INFORMATION (TO BE COMPLETED BY SCHOOL DISTRICT BUILDING PERSON DRESS nount proposed in each category for the team to a ation, but you should keep information on file for a Number of people attend **Maximum of 8 educators per building BUDGET Substitutes substitutes x \$ Stipend educators x \$ Hotel rooms x \$ Meals educators x \$ Materials materials x Travel miles x/mi	REVIEW AND APPROVAL (DEPARTMENT USE ONLY) ROVED PROJECT NUMBER I PROJECT INFORMATION (TO BE COMPLETED BY APPLICANT) SCHOOL DISTRICT BUILDING PERSON TELEPHONE NUM SCHOOL: FAX: HOME: PERSON DRESS Inount proposed in each category for the team to attend the institute. attend, but you should keep information on file for auditing purposes. Number of people attending with grant funds **Maximum of 8 educators per building and a maximum BUDGET Substitutes substitutes x \$ /day x Bubstitutes educators x \$ /day x Hotel rooms x \$ /night x Meals educators x \$ / meal x Materials materials x / person Travel miles x / mile x num	REVIEW AND APPROVAL (DEPARTMENT USE ONLY) ROVED PROJECT NUMBER APPLICANT) SCHOOL DISTRICT BUILDING PERSON TELEPHONE NUMBERS SCHOOL: FAX: HOME: PERSON DRESS TELEPHONE NUMBERS SCHOOL: FAX: HOME: PERSON DRESS TO A strict the dear to attend the institute. You will not attend the institute attending purposes. Number of people attending with grant funds **Maximum of 8 educators per building and a maximum of \$70 to grant funds BUDGET Substitutes substitutes x \$ /day x days Stipend educators x \$ /day x days Hotel rooms x \$ /night x nights Meals educators x \$ / meal x nights Materials materials x /person Travel miles x /mile x number veh	REVIEW AND APPROVAL (DEPARTMENT USE ONLY) ROVED PROJECT NUMBER APPLICANT) SCHOOL DISTRICT COUNT BUILDING BUILDING PERSON TELEPHONE NUMBERS SCHOOL: FAX: HOME: PERSON DRESS nount proposed in each category for the team to attend the institute. You will not need ation, but you should keep information on file for auditing purposes. Number of people attending with grant funds **Maximum of 8 educators per building and a maximum of \$700 per educators of the e	PROJECT NUMBER APPROVED \$ AUTHORIZED SIGNATURE PROJECT INFORMATION (TO BE COMPLETED BY APPLICANT) SCHOOL DISTRICT BUILDING PERSON TELEPHONE NUMBERS SCHOOL: FAX: HOME: PERSON DRESS nount proposed in each category for the team to attend the institute. You will not need to send receipt ation, but you should keep information on file for auditing purposes. Number of people attending with grant funds **Maximum of 8 educators per building and a maximum of \$700 per educator ** BUDGET TOTALS Substitutes substitutes		

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